Early Entrance Course Authorization & Responsibility Form



Student Name:	Eastern Student ID #:
 I understand that the following applies to College credit based upon succes This course may also serve as a serve school graduation requirements. A "D" grade may not be acceptal or "F" grade may affect college grade My parent(s) and I have responsises school counselor, college counselor the course. If I decide to drop the college clat to the College by the required deadling 	enrollment/completion of this course: ssful completion of this course. substitution for senior high school courses and may be required to meet high ble as "successful completion" in college programs or as transfer credit. (A "D" de point average at most colleges.) ibility for monitoring my academic progress and for consulting with my high and instructor should problems arise which could affect successful completion of ass, it is my responsibility to complete the appropriate add/drop form and return
÷	rements for this course. In addition, I authorize Eastern WV Community & about attendance records, academic progress and official final grades to my personnel.
Signature of Student:	Date:
Parental/Guardian Consent: I understand and consent to the terms of t permanent college record. I accept financ	his form recognizing that this course is the beginning of my son's/daughter's ial responsibility for payment and tuition. I also grant permission to Eastern College to release my son's/daughter's academic transcript to high school
Signature Parent/Guardian:	Date:
Tuition for this course is:	Deadline for payment is:
Please make check paya	able to: Eastern West Virginia Community & Technical College
TECHNICAL COLLEGE'S RECORD OFFICE FOR TH REACHED BY PHONE AT 1-877-982-2322 (TOLL FR	E STUDENT TO MAKE WRITTEN ARRANGEMENTS WITH EASTERN WV COMMUNITY & HE TRANSFER OF EARNED CREDIT TO OTHER COLLEGES. THE RECORDS OFFICE CAN BE REE) OR BY DIRECTING MAIL TO: Astern WV Community & Technical College

Attn: Lacey Koontz, 316 Eastern Dr. Moorefield, WV 26836

Principal/Counselor Consent:

I recommend this student to take college level courses at Eastern West Virginia Community & Technical College.

Signature of Principal or Counselor: _____ Date: _____



ADMISSIONS APPLICATION & REGISTRATION

EARLY ENTRANCE

Please Complete the Entire Application and Sign

1. Social Security Number/ Eastern Student ID: _____

□ Fall	
Spring	
Summer	

2.	Name						
		First	Middle				
3.	Mailing AddressStreet			E-mail Address			
	City	State		Zip Code			
4.	County						
5.	Contact Phone: ()						
6.	Gender: 🗆 Male 🛛 Female		13. Have you taken Early Entrance classes at Eastern before? □Yes □ No				
7.	Birth date: / /		If yes, under what name:				
8.	U.S. Citizen: □Yes □ No						
	Ethnic Background:	Indian or ? es used in	In case of emergency, notify: I certify that all the information provided in this application is complete and correct to the best of my knowledge. I understand that any false information or omission of information relating to residency, citizenship, or previous college attendance is cause for suspension from Eastern West Virginia Community & Technical College. I will also acquaint myself with and abide by the student code of conduct, including compliance with the Drug-Free School and Communities Act, and other requirements governing the academic and social standards of Eastern West Virginia Communit & Technical College.				
	from to from to		Student Signature	Date			
			pursuant to the requirements of Title IX of the Educational Amer Act of 1973, and the Age Discrin	rn West Virginia Community & Technical College of Titles IV, VI, VII of the Civil Rights Act of 1964, ndment of 1972, Section 504 of the Rehabilitation nination Act of 1975, does not discriminate against			
W	hat high school are you attending?		disability, veteran status, s	Idents on the basis of race, color, religion, sex, exual orientation, age or national origin in its r educational programs or activities, including			

admission to such. EEO Coordinator: Carlos Gutierrez, 304-434-8000.

- 11.
- 12. When will you graduate? _____

	List Below All Courses For Which You Are Enrolling:								
CRN	Dept	Course/ Section	Title	CR	Time	Days	Office Use ONLY		